PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 10/082115 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR (Column 1) (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FFF (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = x s OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL OR CLAIMS AS AMENDED - PART II 9-30-05 OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE FNH PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE 20 Total (37 CFR 1.16(c)) Minus 9 ENDM OR (Independent (37 CFR 1.16(b)) Minus 3 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 14, 26, 27 ADD'L FEE OR ADD'L FEE (Column 1) (Column 3) (Column 2) CLAIMS HIGHEST $\boldsymbol{\omega}$ **PRESENT** REMAINING NUMBER RATE ADDI-RATE ADDI. AFTER AMENDMENT ENT **PREVIOUSLY EXTRA** TIONAL TIONAL PAID FOR FEE Total (37 CFR 1.16(c)) Minus ENDM X S OR Independent (37 CFR 1.16(b)) Minus X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-**DMENT AFTER PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.18(c)) Minus X \$ OR X S Independent (37 CFR 1.16(b)) H Minus X S OR x s ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

CLAIMS AS	FILED - PA			SHALL			OTHER	· .	
	(Column 1)	(Colur	mn 2)	TYPE		OR 1			^
OTAL CLAIMS	IL CLAIMS				FEE	-	RATE	FEE	Ŷg
OR ·	NUMBER FILED NUMBER		REXTRA	BASIC FE	E 370.00	OR	Basic FEE	740.00	' T
OTAL CHARGEABLE CLAIMS	16 minus	20=	0	X\$ 9=		OR	X\$18=		
DEPENDENT CLAIMS		3.=	2	X42≝	··-	OA	∵X84 <u>≒</u>	16800	
LTIPLE DEPENDENT CLAIM PRESENT				+140=		OR	+280=	280.00)
If the difference in column 1 is less than zero, enter "0" in column 2				TOTAL	+	OR	TOTAL	1188.0	シ
CLAIMS AS A		PART II	(Column 3)	SMALL	ENTITY	OR	OTHER SMALL		
CLAIMS REMAINING		HIGHEST · NUMBER REVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total • 20 Independent • 5		20		X\$ 9=		OR	X\$18-		
Independent • 5	Minus . +	. 5		X42=	-	OR	V24		
FIRST PRESENTATION OF MI	ULTIPLE DEPEN	DENT CLAIM		.140-	†	1			
				+140=	 	OR	TOTAL		
			(Oakama 2)	ADDIT. FE		OR	ADDIT. FEE	<u> </u>	
(Column 1) CLAIMS REMAINING AFTER		Column 2) HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		PATE	ADDI- TIONAL	
Total • / Independent •	Minus •	PAID FOR		X\$ 9=	FEE	OR	X\$18=	FEE	
Independent •	-	- 5		X42=	+	1	V94-		
FIRST PRESENTATION OF M	ULTIPLE DEPEN	DENT CLAIM			╂	OR	<u> </u>		
		•		+140=		OR	+280=		
1-108.	•			ADDIT. FE		OR	ADDIT, FEE		
01/0/0 (Column 1)		Column.2)	(Column 3)			,		1 466	
CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	1
Total • / / / Independent • / / / / / / / / / / / / / / / / / /	Minus -	20	=	X\$ 9=		OR	X\$18=		
Independent • 5		- 3	5 .	X42=	1	OR	X84=		
FIRST PRESENTATION OF M	IULTIPLE DEPEN	IDENT CLAIM		1 142	1	1	.000		
If the entry in column 1 is less than t	tha antov in column	2, write °0° in co	dumn 3.	1140=		JOR	TOTAL		
*# If the "Highest Number Previously F		DACE is less the	o 20 enter 120.	ADDIT. FE		OR	ADDIT FEE		ŀ